

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>fcI079067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/13/2015</b>
---	---	---	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**FAITHWORKS ASSISTED LIVING**

**814 LINDSEY STREET  
REIDSVILLE, NC 27320**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  Report by Suzanna Fay  DHSR Construction Section conducted a Biennial Follow-up Survey on October 13, 2015 from 3:08 PM to 3:43 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required.  The remaining deficiencies are as follows:	{C 000}		
{C 146}	Outside Entrances/Exits-Ramp(s)  SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp.  This Rule is not met as evidenced by: 1. Based on observation, the facility did not maintain the license in accordance with the Codes and Rules in effect at the time of licensure.  Findings include: The facility is equipped with one accessible exit. The facility has admitted two (2) residents who use wheelchairs. It was not determined at the time of the survey whether the residents could transfer from their bed to the chair and evacuate	{C 146}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>fcI079067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/13/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAITHWORKS ASSISTED LIVING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>814 LINDSEY STREET</b> <b>REIDSVILLE, NC 27320</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{C 146}	Continued From page 1  on their own. If the residents are not able to evacuate on their own, the facility will have to be equipped with two outside exits at grade or accessible by a ramp.  10/13/2015: SF-At the time of this survey, there was only one accessible exit at the front. The Provider is working with the Owner to construct a second exit with a ramp. Provide copies of the permits and final documents for the ramp to DHSR/Construction when complete.	{C 146}			